

Registration District No. **379**

Primary Registration District No. **1602**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **St. Lukes**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **18 days**  
(Specify whether years, months or days) **18 Days**

3. (a) PRINT FULL NAME **EMMA Prothe**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Fred Prothe** 6. (c) Age of husband or wife if alive **Not given**  
7. Birth date of deceased **April 15 1880**  
(Month) (Day) (Year)

8. AGE: Years **61** Months **6** Days **2** If less than one day .hr. min.

9. Birthplace **Miami County, Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Nicholas Von Minden** 4  
13. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)

14. Maiden name **Beta Grother**  
15. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Prothe**

(b) Address **Paola Kansas**

17. (a) **burial** (b) Date thereof **Oct-19 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Paola Station**

18. (a) Signature of funeral director **L. H. Metzger**

(b) Address **Paola Kansas**

19. (a) **10/17/41** (b) **M. H. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Miami** 999  
(c) City or town **Paola (Rural)** 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) If foreign born, how long in U. S. A. **2** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT** day **17**  
year **1941** hour **5:15** minute **A** M.

21. I hereby certify that I attended the deceased from **SEPT 29**  
19 **41**, to **OCT 17** 19 **41**;  
that I last saw her alive on **OCT 16** 19 **41**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA OF THE PANCREAS** Duration **MOS.**

Due to **46g.**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **AS ABOVE**

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **W. H. K... (M. D.)**  
Address **103 2nd KC Mo.** Date signed **10-17-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

18  
8030

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**